

FEE TRANSMITTAL

For FY 2009

Complete if Known

TOTAL AMOUNT OF PAYMENT	(\$)	180.00
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For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

2. EXCESS CLAIM FEES

Fee Description

HP = highest number of total claims paid for, if greater than 20.

Inden. Claims	Extra Claims	Fee (\$)
1	1	100
2	2	200
3	3	300
4	4	400
5	5	500
6	6	600
7	7	700
8	8	800
9	9	900
10	10	1000
11	11	1100
12	12	1200
13	13	1300
14	14	1400
15	15	1500
16	16	1600
17	17	1700
18	18	1800
19	19	1900
20	20	2000
21	21	2100
22	22	2200
23	23	2300
24	24	2400
25	25	2500
26	26	2600
27	27	2700
28	28	2800
29	29	2900
30	30	3000
31	31	3100
32	32	3200
33	33	3300
34	34	3400
35	35	3500
36	36	3600
37	37	3700
38	38	3800
39	39	3900
40	40	4000
41	41	4100
42	42	4200
43	43	4300
44	44	4400
45	45	4500
46	46	4600
47	47	4700
48	48	4800
49	49	4900
50	50	5000
51	51	5100
52	52	5200
53	53	5300
54	54	5400
55	55	5500
56	56	5600
57	57	5700
58	58	5800
59	59	5900
60	60	6000
61	61	6100
62	62	6200
63	63	6300
64	64	6400
65	65	6500
66	66	6600
67	67	6700
68	68	6800
69	69	6900
70	70	7000
71	71	7100
72	72	7200
73	73	7300
74	74	7400
75	75	7500
76	76	7600
77	77	7700
78	78	7800
79	79	7900
80	80	8000
81	81	8100
82	82	8200
83	83	8300
84	84	8400
85	85	8500
86	86	8600
87	87	8700
88	88	8800
89	89	8900
90	90	9000
91	91	9100
92	92	9200
93	93	9300
94	94	9400
95	95	9500
96	96	9600
97	97	9700
98	98	9800
99	99	9900
100	100	10000

3. APPLICATION SIZE FEE

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):	1806 Submission of an Information Disclosure Statement	180.00
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SUBMITTED BY

Name (Print/Type) David A. Bilodeau

Date September 25, 2009